

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

100564336

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		(1)				
7		(1)				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		(1)				
17	1					
18		1				
19		1				
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50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	17	←		←	←	←
TOTAL CLAIMS	19	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

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